

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 23 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000101367

1. Corporation Name

QUALICARE HOME HEALTH, INC.

Principal Place of Business

Mailing Address

500 N. BERMUDA AVE
KISSIMMEE, FL
34741

500 N. BERMUDA AVE
KISSIMMEE, FL
34741

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	DAGANI, VALENTIN F. JR.	2318 Indian Mound Trail	KISSIMMEE, FL 34741
V/T/D	FINES LEONIDES	8017 Chianti Drive	Orlando, FL 32836
S/D	BAMBA-DAGANI, CARMELI TA	2318 Indian Mound Trail	KISSIMMEE, FL 34741
D	FINES, ANDREA	8017 Chianti Drive	Orlando, FL 32836
			600002415186--C -01/28/98--01105--001 ****908.75 ****908.75
REINSTATEMENT 97-98 SL-1-26-98			

8. Name and Address of Current Registered Agent

VALENTIN F. DAGANI JR.
500 N. BERMUDA AVE.
KISSIMMEE, FL 34741

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Valentin F. Dagani Jr.

REGISTERED AGENT MUST SIGN

Date Jan. 22, 1998

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 20, 1998

CR2040 (12/96)